NYSTAGMUS

Nystagmus is an involuntary eye movement of one or both eyes in any or all fields or gaze. It can be a primary or secondary diagnosis. Eye movements can be jerky, slow, pendular, or rotary. The amplitude and frequency of Nystagmus is reflective of the severity of the congenital ocular visual loss. Many people with this condition are partially sighted; some are registered as blind; few can drive a car (ME); most encounter some difficulties in their everyday life, both practical and social, and some lose out on education and employment opportunities.

The eyes and/or the head move from side to side. The person may cock their head to look from a position where eyes have the least movement (refer to number five). Vision is usually reduced because of difficulty focusing on one spot.

There are two (2) primary types of Nystagmus. Sensory and Congenital Motor Nystagmus:

Congenital motor Nystagmus is due to impaired brain control, not to visual loss.

Sensory Nystagmus is a symptom, not a diagnosis of visual impairment. Sensory Nystagmus appears several weeks or even months after birth. It is associated with pathology of the anterior visual pathway and is caused by early ocular-visual loss.

A common misunderstanding is that people with Nystagmus see stationary objects as moving in conjunction with their eye movement. Individuals with Nystagmus usually see objects similarly to individuals with no visual impairment, however, there may be reduced acuity and some difficulty-maintaining fixation especially with the sustained effort of visual concentration tasks. Distance vision, oculomotor coordination, and visual endurance are influenced by Nystagmus.

Generally, individuals with congenital motor Nystagmus can achieve a "null-point," or a position where random eye movement is either reduced or stilled. Head and/or eye movement, particularly eye movement to the extreme end of the lateral gaze, may ease localization of the null point. Due to the awkwardness of some extreme head or eye turns, a person may be limited to short-term use of the null point for critical viewing.

Modification and/or adaptations may include: Provide good illumination; no treatment totally effective beyond treatment of primary condition; magnification may help; relaxation techniques may slow eye movement.

Depth perception and field of vision is usually reduced by Nystagmus with a result that sufferers may be prone to tripping or clumsiness. Coordination is usually adequate for most tasks, but people with Nystagmus are unlikely to excel at sports needing good hand eye coordination.

Incidence. Experts agree that Nystagmus affects about one in a thousand people.

Causes. Nystagmus may be inherited or a result of another sensory problem. In some cases it occurs for no known reason. It can also develop later in life.

Effects. Nystagmus affects different people in different ways. While there are general patterns, good advice for one person may be inappropriate or even bad for another, especially when other eye problems are present.

Additional information about Nystagmus:

Glasses or contact lenses do not correct Nystagmus, although they should be worn to correct other vision problems. Nystagmus often affects the nerves behind the eye rather than the eye itself.

People with Nystagmus are not simply near-sighted. Many can and do register as partially sighted or blind.

Vision often varies during the day, and is likely to be affected by emotional and physical factors such as stress, being tired, nervousness, and/or unfamiliar surroundings.

The angle of vision is important. Most people with Nystagmus have a null point (by looking to one side or the other at sometimes-odd positions) where the eye movement is reduced and vision improved. Those of us with a null point will often adopt a head posture to make the best use of our vision. Sitting to one side of a screen, blackboard, etc. often helps.

Small print. Many of us can read small print if we get close enough or use a visual aid. However, the option of large print material should be available and all written information should be clear. It is very hard to share a book with someone else (read together) because it will probably be too far away or at the wrong angle.

Good lighting is important. If in doubt, get another specialist's advice or call me for additional information. Some people with Nystagmus may be sensitive to light.

Computers are used by many people with Nystagmus, who benefit from them as they can position screens to suit their own needs and adjust brightness, character size, etc. However, some people find it difficult to read computer screens, especially if the font is small.

Reading speed may (almost 100% of the time) be reduced by Nystagmus because of the extra time needed to scan, but it should not be taken as a sign of poor reading.

Balance can be a problem, possibly because of poor depth perception, which can make it difficult to go up and downstairs. Usually downstairs is the more difficult of the two.

Final reminder about Nystagmus. A widespread lack of understanding of Nystagmus is often as much a source of difficulty as Nystagmus itself. I encourage you to share the information in this report with every new teacher who works with your child. If you don't share this information, some teachers may miss valuable information they can use to help your child.